

plaster paris dressing for two weeks, when it is taken off, and the patient allowed to hobble around the ward on crutches, and gradually use his leg. As to the length of time the plaster bandage should be worn in order to secure the best results, it may be stated that this point has not been determined, as the method has not yet had sufficient trial in order to decide this point. So far, however, the cases in which it was discarded after two weeks' use appear to have done the best, as the union seemed quite as firm as those cases in which it had been worn for four weeks, and there was less stiffness of the knee. In every case, so far, very satisfactory results have been obtained, and in one case which your correspondent had the opportunity to examine, after three weeks the separation was less than $\frac{1}{4}$ of an inch. It is recommended that if the case comes under observation before inflammation and effusion into the joint have taken place, to at once perform the operation; but if inflammation and effusion have taken place, it is better to wait until they have subsided. Some may ask, what eventually becomes of the silk. In the cases so far nothing has been seen of it, which is due to antiseptic precautions, and it remains under the skin, acting as a firm splint, holding the fragments together, and this explains why the plaster paris dressing can be discarded so early. To contrast the results obtained by this method and those by wiring, would be premature, as the method has only been on trial for a short time, but it may be stated that wiring the patella has fallen into disrepute in New York. In nearly every case it has resulted in a stiff knee-joint, and in some suppurative synovitis has followed, so that the joint was completely ankylosed, and many surgeons here have almost abandoned the operation and fallen back to the old method of splints, etc., except in those odd cases where the separation of the fragments has been so great as to render the limb almost useless. The one is a grave operation, the other a simple procedure, and the general impression is, that it is the best plan yet proposed, and is destined to completely revolutionize the treatment of this important fracture.

FOR HICCOUGH.—Dr. Wm. C. Wood, writing to the *Med. Reg.*, speaks in high terms of viburnum prunifolium in singultus. He states that drop doses of the fluid extract never fail to relieve.

Selected Articles.

MENSTRUATION, ITS NERVE-ORIGIN— NOT A SHEDDING OF MUCOUS MEMBRANE.

In every healthy human female, during the so-called childbearing epoch, which extends, on the average, over a period of thirty-two years, the uterus becomes the seat of a periodically recurring functional disturbance, evidenced by the emission of a more or less marked hæmorrhagic discharge. As the initial establishment and each subsequent recurrence of this monthly phenomenon is frequently accompanied by symptoms of a general as well as local character, we shall designate under the appellation *menstruation* the whole essential train of events, and not its mere outward manifestation.

The molecular world, organic as well as inorganic, exists in a perpetual state of trepidation, and equilibration of a vital character is the outcome of an inherent power of adaptation. Normally the structural and functional integrity of the organism is maintained by a mutual dependence of the organs upon each other, and according to the manner in which these, each and all, respond to those multifarious changes which, from time to time, arise in the environments of the individual. The variations in the waves of molecular motion occurring in every organ, and associated with physiological activity, are radiated to, and affect, however feebly, every ultimate tissue of the body. So completely is this intercommunication, through the medium of the nervous system, carried on, and so apt are the different structures of the organism to perform functions other than those for which they have apparently become specialized, that vicarious compensation may be readily established. In the case of double organs it is a noteworthy fact with which everyone is familiar, that the removal of one may affect but little, if at all, the well-being of the body; generally the remaining organ at the same time becomes of augmented functional activity, undergoing slight or even well-marked enlargement. This compensatory change will be manifested, not only by organs recognized as active, but also by such as have hitherto been viewed as obsolete. In many of the lower organisms, where structural differentiation is ill defined, vicarious function is readily fulfilled. The animal may, for example, be turned outside-in with impunity, the vital integrity of the organism being still maintained unimpaired—the endoderm, already but feebly specialized, although set apart for assimilation, performing with ease the function of the ectoderm, that of elimination; while the ectoderm, in turn, assumes forthwith the power of assimilation, and